Australian Physiotherapy Association
Submission

Discussion Paper - Proposed Productivity Commission Inquiry into the Private Health Sector.

Submission by the Australian Physiotherapy Association

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to make a submission to these second wave reform proposals in supporting the Government's efforts to transform Australia's private health insurance (PHI) system.

The APA supports the focus and greater emphasis placed on preventive and mental health care outside the hospital, and towards new collaborative care models in this latest round of proposals. These are important shifts that will bring us closer to our shared objectives of improving affordability, product relevance and in broadening access to key services.

It is important to note that while these shifts provide a critical lever to implement new models of care, particularly in preventive care, there remains significant barriers to implementing these from a provider perspective. This requires a stronger focus from Government on transitioning Insurers and providers towards these new ways of working. The one recurring fault limiting reform efforts is the broader health care system failures and multilevel fragmentation that continues to limit integrated care in both public and private healthcare. (Hall, 2015)

The APA calls for greater collaboration between Insurers, professional bodies and consumer representatives through these reforms. In optimising the physiotherapy workforce in the reform process and solution design, there is a need for stronger, early engagement with the APA and Allied Health Peak bodies.

Progress toward PHI reform is reliant on recognising the benefit of physiotherapy-led interventions in meeting the Government's set objectives to make PHI simpler and more affordable. As such, physiotherapists are key to the success of these reforms, and particularly in relation to reform Consultation 2 (Expanding home and community based rehabilitation care) and Consultation 3 (Out of hospital mental health services). Therefore we have limited our response to these key areas, where we believe physiotherapy can support our shared objective towards a more sustainable health care system.

In terms of Consultation 2, the APA supports the requirement for a rehabilitation plan to detail the desired outcomes of the surgeon or medical practitioner. However, it is important to ensure the professional autonomy of other health care workers, such as physiotherapists, in the rehabilitation process.

It is important to ensure community based rehabilitation services are involved in the development of any plan. The format and content of rehabilitation plans should be consistent to reduce administrative burden for health providers and Insurers, and also to allow for potential pooling of relevant data for future policy improvements. Consideration also needs to be given to the added burden on ensuring plans are read, responded to, stored accordingly and made available for audits.

The impacts on consumer choice and funders using their own providers or networks is a key consideration. We feel any measures outlined that will reduce or hinder choice should be considered with a great deal of caution.

For Consultation 3, the APA supports the key shifts outlined which signal an expansion of out of hospital mental health services. This represents a significant shift that will enable Insurers to deliver a more appropriate care package for those suffering from mental health conditions.

The APA believes these important shifts to service delivery will help formalise, both in terms of PHI product offerings and strengthened model design, the close links between physical health and mental health outcomes, thus increasing the value of the health care package.

There is clear evidence that current treatment models do not adequately support the complexity of mental health care, with alternative out of hospital treatment models more conducive to effective mental healthcare. Due to the relationship between physical and mental health, physiotherapy management of many conditions can also have positive impacts on a person's mental health. In enabling high value care, consideration should be given to expanding access to physiotherapy, recognising the benefit of physiotherapy-led interventions for conditions such as chronic pain and physical ill-health.

Physiotherapists are qualified and trained to work with people who have mental illness across all health settings, including hospitals, aged care facilities, disability services, and private practice. They are trained in multi-disciplinary and inter-disciplinary care, but Australia's mental health system limits this care by not properly investing in, and promoting, team-based care.

The APA is committed to developing physiotherapy practice to improve mental health care through new models using evidence-based practice in a multidisciplinary environment. Best practice involves multi-profession, coordinated, quality care. Physiotherapy is part of a suite of health care services that can improve mental health, and relieve the mental distress caused by chronic pain through improvements in managing and treating physical health.

The APA congratulates the Government on progressing this key area of reform and we look forward to participating in future discussions towards a more sustainable private health insurance sector.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Introduction

We recognise a major challenge facing modern healthcare systems is how to ensure access to high quality services, at an affordable price. We also recognise that fiscal sustainability is a concern for health insurance schemes across Australia.

As a profession, we pursue 'value-based healthcare'. That is, achieving the best health and related outcomes at the lowest cost.(Porter, Michael 2013) Our profession, at both the collective and individual level, is focused on maximising value in health care, and achieving the best health outcomes, at the lowest cost. (Porter 2010)

We appreciate that the private health insurance (PHI) arena is not a 'green-fields' site. We believe it is important to determine whether fixes to the existing platform will produce sufficient improvement, or whether we need to explore alternate models. Physiotherapy can improve the value of private health insurance, however some aspects of the current system make that difficult to achieve.

We recommend mechanisms that will re-orient the PHI system towards a model that allocates resources to evidence-based, early interventions, especially those which reduce preventable hospitalisation and surgery.

We believe that allowing insurers to fund out-of-hospital activities to prevent hospitalisations would decrease overall health costs and enhance sustainability of the system.

We support consistent product requirements and descriptions to ensure consumers understand policy inclusions and exclusions.

For reform success, it is important to recognise that these reforms are reliant on a strong health and care provider commitment, particularly from within the allied health sector, in order to deliver real value to policyholders. The approach to the consultation lacked the required emphasis on the vital role of providers play in getting these models right.

Consultation 2: Expanding home and community-based rehabilitation care

APA Position

The APA is highly supportive of the reform intent outlined against Consultation 2 to encourage and expand home and community-based rehabilitation care. However, the APA does not support the significant shift towards a medically-led model of allied health services. This shift, to this aspect of the policy reform, removes choice and will have considerable impacts on the system, consumers and providers. As the system currently stands, the need for a medical practitioner involvement is not mandated. In fact, a large number of allied health appointments occur without medical practitioner involvement, let alone oversight and control of these services.

Any measures which reduce the clinical autonomy of physiotherapists would be a significant step backward for those who access insurance funded services.

Introduction

In the consultation paper, the drivers for change are listed as intending to promote affordability, quality, sustainability and greater choice for consumers. The ability for consumers to be able to choose the most evidenced based services for their rehabilitation is a key pillar of the PHI system. If the move to have services directed by a medical practitioner can be influenced directly by the policies and incentives of Insurers, then choice for consumers may erode over time.

The administrative burden and possibility of further procedures that do not help further policy development come at a time when more efficiencies are needed, not less. If the intended reforms discourage the use of rehabilitation plans thus enabling the status quo, it should be considered what value these reforms would indeed add to the system.

We support the need for measures within the proposed plans to ensure safety, quality and evidence based interventions. However processes need to be sustainable and easily integrated into everyday practice as lack of compliance is more likely to occur with processes where resourcing requirements are increased.

Consultation response

Which procedures and/or MBS item numbers should have a rehabilitation plan?

Following the consultation meeting the APA attended on the 28th of January 2021, it became clear that the desire for incremental policy change has led the department to the view of focusing on orthopaedic conditions. This is a sensible start but also a very narrow way to approach any such change. The following is a list of examples we would recommend be considered:

- Any condition, where during hospital admission, deconditioning occurs resulting in prevention or delay of discharge
- Neurological events or conditions
- Post-surgical deconditioning
- Cardiac rehabilitation
- Pulmonary rehabilitation
- Pediatric/neonatal issues for example neurological conditions or premature birth

How prescriptive should the plan be, regarding the type of care services to be included? What exemptions if any should be available?

It is important to note health care workers, such as physiotherapists, are qualified health professionals and as such professional autonomy should be respected. Therefore plans should only be written to the extent of what the desired outcomes of the surgeon or medical practitioner are. How these outcomes are achieved should be based on the clinical judgement of the rehabilitation provider.

It would be recommended that there be some consistency in the form, or there will be yet another form for healthcare professionals to complete with each Insurer having a slightly different variation.

In regards to content, there is an opportunity to think into the future with what is collected. If the information is consistent between Insurers, non-identified data could be used to help evaluate and guide future policy changes.

What mechanisms should be in place to ensure compliance with developing and reviewing a rehabilitation plan?

The details of the plan should be agreed on by all those involved. The evolution of digital platforms should make this more achievable. If "the gatekeeper" delegated services model is to continue then there needs to be a "sign off" by providers and patients for the plan to be suitable and appropriate for patient needs.

It is expected that the plan would be developed in consultation with the patient and potential rehabilitation providers. Which parties should the rehabilitation plan be made available to once created?

Any provider involved in treatment and the patient should have access to the plan. As the plan may contain sensitive medical information it's important to ensure privacy laws are adhered to when sharing the plan with other health professionals. One issue may be around the idea of "potential" providers, as they may be provided with information and not actually involved in the final service delivery.

As this is sensitive and personnel information, patient portals, such as my health record need serious consideration. How health care providers interact with these systems is one where funding and support has not occurred historically so may have some challenges.

What arrangements, if any, should be in place to assist medical practitioners identify appropriate home or community based rehabilitation services and oblige insurers to fund these services?

There are many possible avenues of improving understanding and helping to identify appropriate services. One such opportunity may be through networks that exist for presentations, case studies etc, such as Primary Health Networks (PHN). The model of case study education in some PHNs has some great merit as a form of education and collaboration. The other option is to have some funding that allows for collaborative clinical case conferences.

It is imperative, however, the clinical autonomy of the rehabilitation provider is maintained and the consumer has choice regarding their care. As such we feel the decision of where and how care is provided should be established in consultation between the patient and rehabilitation provider, not the medical practitioner or Insurer.

What transition arrangements and timeframe would be appropriate to implement this reform?

A timeframe to implement this reform would be dependent on the details of the rehabilitation plan and what changes will be required. A standard plan, which is familiar to rehabilitation providers, would require less time than processes where the learning of new systems and software is necessary.

As physiotherapists will be heavily involved in both the development and utilisation of plans, there needs to be adequate training and support provided to the profession during the transition. This should not be at the cost of physiotherapists and should be delivered in a way which has minimal impact on usual business.

What are appropriate metrics for measuring the impact of this proposal?

Considering patient outcomes and a model that incentives the collection of this data is integral to long term policy success. This may be in the form of PROMs, where there is growing evidence of their use to track progress, or other markers of preventative health such example activity levels.

(Tew et al. 2020; Schilling et al. 2018).

What is the regulatory burden associated with this proposal?

Any change in business practice and procedures is going to result in a burden due to the potential need for increased time and resources. The requirement to insure the plans are read, responded to, stored accordingly and made available for audits is significant. This comes at a time when regulatory burden is steadily increasing for health care providers.

Service providers: what services would you deliver under this proposal?

Physiotherapy services would involve an initial assessment followed by the development and implementation of a treatment plan. We are unable to provide specific details on service provision as each treatment will vary depending on the individual and the findings of their assessment.

Consultation 3: Out of hospital mental health services

APA Position

The APA welcomes the reforms outlined against Consultation 3 which provide insurers greater scope for developing and offering out of hospital mental health services. This important change would provide a critical lever to implement new models of preventive care to both improve outcomes and lower health care costs. We believe that a focus on whole of person care, which encompasses physical, social and mental wellbeing, is key to enhancing value of PHI for consumers. This reform will help to formalise, in both PHI product offerings and strengthened model design, the close links between mental health and physical health outcomes as an integral part of the value package.

Introduction

There is clear evidence that current treatment models do not adequately support the complexity of mental health care, with alternative out of hospital treatment models more conducive to effective mental healthcare.

To enable change from costly in-patient care to a wellness and prevention model in primary care settings, more support to transition Insurers towards these new ways of working is required. Despite a commitment to reform, there has been slow progress since the changes to legislation in 2007 permitting funds to pay benefits for Chronic Disease Management (CDM) activities.

The slow reform progress highlights that not all challenges can be solved through regulation alone and that broader system failures are limiting progress. It is clear that our fragmented health system, and inability to integrate patient care pathways through more coordinated delivery of care, is limiting reform in both public and private healthcare.

The Productivity Committee Commission has outlined an estimate of the Australian population status in the continuum of mental health as (Productivity commission 2020):

- Those without mental illness 60%
- Those at risk of mental illness 23%
- Those suffering from a mental illness 17%

The report also stated 60% of people with Mental Illness report also having physical illness. As such, the APA firmly believes that physiotherapy has a role to play in mental health care and wellbeing.

Consultation response

What additional mental health services funded by insurers under this proposal would be of value to consumers?

Strengthening prevention should be a key focus for new wellness packaged care models. Physiotherapy is integral to the provision of wellness services, preventive healthcare, case management and in expanding access to mental health services. The APA has been working closely

with insurers in developing a packaged approach to enhancing the service offered towards a new wellness model.

In mental health, physiotherapy offers value across a range of preventive and wellness activities. The evidence for physiotherapy-led interventions in mental health is expanding across a broad scope including addressing obesity due to effects of medication (Carney et al. 2020); the relationship between depression and movement quality (Zhang, Qi 2019); and the relationship between pain, movement and mind (Karlsson and Danielsson 2020).

There is a significant opportunity to ensure PHI members can benefit from the skills of physiotherapists across a broad range of settings. Physiotherapists can work with patients in a dedicated mental health facility or in the general health setting such as hospitals, aged care facilities, disability services and private practice.

Should an expanded list of allied health services available for direct PHI benefits as part of a CDMP be limited to only mental health conditions?

The APA supports the CDMP measure being prioritised for mental health patients given the high prevalence of physical illness in patients with severe mental disorders. However, these reforms should not be limited to mental health conditions and must encompass a broad range of allied health services.

Integrated mental health service design should incorporate improved access to physical health assessment. Research shows that a person with mental illness has increased morbidity and mortality from preventable diseases because they are not accessing appropriate treatment. There is also evidence that a person's physical illness may be the catalyst for individuals developing a mental illness. (Purgato et al. 2021)

To be eligible for direct CDMP related funding from insurers, should professions have additional requirements, such as accreditation standards, professional memberships or educational levels?

Practitioners should only work within their current scope of practice. The role of physiotherapy interventions to treat the symptoms associated with chronic disease is well recognised, however physiotherapy in mental health care is regarded as a speciality within the profession.

How should the definition of coordination and planning be expanded to best support the funding of out of hospital, non-MBS related mental health services?

The range of services that are promoted and encouraged to be accessed by Insurers should allow for those that have an evidence base in minimising harm, such as Physiotherapy.

Are there any mental health services insurers should not be permitted to fund?

The reform should be limited to providing services or preferably mental health wellness packaged models that aim to fill the gaps for members (ie. non-MBS services).

How should the relevant patient cohort be identified as eligible for services?

The reform should allow access for all consumers, regardless of current cover level, to upgrade their cover and access mental health wellness packages without a waiting period on a once-off basis.

Who should identify relevant patient cohorts and should insurers set criteria for which members would be eligible?

Consumers should be empowered to choose the cover they need and Insurers should be encouraged to work with relevant professions to co-design suitable offerings.

What are appropriate metrics for measuring the impact of this proposal?

Metrics used should be able to demonstrate the health benefits of the proposal. There is a growing body of evidence to support the use of PROMs in tracking the progress of health initiatives. Other markers of preventative health, such as activity or fitness levels may also be appropriate.
(Tew et al. 2020; Schilling et al. 2018).

It is also important to ensure there are metrics to measure the value of the proposal for the consumer.

What is the regulatory burden associated with this proposal?

The core aim should be to incorporate mental health into an integrated care team encompassing physiotherapy and to move care out of hospital where appropriate. Therefore, to enable integration across a range of settings financial incentives will need to be directed towards integrated pathways or packages.

In the absence of a regulatory framework to enable integration, the regulatory challenge lies in operational complexity in enabling integration and uncertainty for providers around financial incentives. It is essential that Insurers work with professional associations to develop care packages that can encompasses flexibility and choice in model design.

Service providers: what services would you deliver under this proposal?

Incorporating physiotherapy and the role that it can play in mental health and harm minimisation could be a phased approach. This would provide opportunities in testing new models that can transition to broader reform and whole-person care.

About the Australian Physiotherapy Association

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 29,000 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

References

Carney, Sheena, Carol Parker, Adrian Schoo, Vivian Isaac, and Theo Kapakoulakis. 2020. "Exploring the Relationship between Body Mass Index, Mental Health and Outcomes of a Regional Physiotherapy-Led Post-Arthroplasty Review Clinic." *Australian Journal of Rural Health* 28 (2): 180–83. https://doi.org/10.1111/ajr.12564.

Hall, Jane. 2015. "Australian Health Care--The Challenge of Reform in a Fragmented System." N *Engl J Med* 373:493-497. DOI: 10.1056/NEJMp1410737.

Karlsson, Veronica, and Louise Danielsson. 2020. "Motivators for Patients with Schizophrenia Spectrum Disorders to Start and Maintain Exercising: A Qualitative Interview Study." *European Journal of Physiotherapy* 0 (0): 1–9. https://doi.org/10.1080/21679169.2020.1776386.

Porter, Michael E. 2010. "What Is Value in Health Care?" *New England Journal of Medicine* 363 (26): 2477–81. https://doi.org/10.1056/NEJMp1011024.

Porter, Michael, Lee, Thomas. 2013. "The Strategy That Will Fix Health Care." *Harvard Business Review*, 39.

Productivity comission. 2020. "Inquiry Report - Mental Health Productivity Commission." 2020. https://www.pc.gov.au/inquiries/completed/mental-health/report.

Purgato, Marianna, Justin Richards, Eleonora Prina, Ahlke Kip, Lidia Del Piccolo, Giulia Michencigh, Michela Rimondini, et al. 2021. "Efficacy of Physical Activity Interventions on Psychological Outcomes in Refugee, Asylum Seeker and Migrant Populations: A Systematic Review and Meta-Analysis." *Psychology of Sport and Exercise*, January, 101901. https://doi.org/10.1016/j.psychsport.2021.101901.

Schilling, Chris, Catherine Keating, Anna Barker, Stephen F. Wilson, and Dennis Petrie. 2018. "Predictors of Inpatient Rehabilitation after Total Knee Replacement: An Analysis of Private Hospital Claims Data." *Medical Journal of Australia* 209 (5): 222–27. https://doi.org/10.5694/mja17.01231.

Tew, Michelle, Kim Dalziel, Philip Clarke, Anne Smith, Peter F. Choong, and Michelle Dowsey. 2020. "Patient-Reported Outcome Measures (PROMs): Can They Be Used to Guide Patient-Centered Care and Optimize Outcomes in Total Knee Replacement?" *Quality of Life Research* 29 (12): 3273–83. https://doi.org/10.1007/s11136-020-02577-4.

Zhang, Qi. 2019. "The Effectiveness of Group-Based Physiotherapy-Led Behavioral Psychological Interventions on Adults With Chronic Low Back Pain A Systematic Review and Meta-Analysis." *American Journal of Physical Medicine & Rehabilitation*. https://journals.lww.com/ajpmr/FullText/2019/03000/The_Effectiveness_of_Group_Based_Physiotherapy_Led.7.aspx.